director. Page director. Page or your files.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EVAMINEDIC CERTIFICATE OF BEATH

02418

	M	AFO	IL EVAMINEK	5 CERTIFICA	TIE OF	DEATH	Reg. Di	st. No		
), PLACE OF DEATH 6. COUNTY	Talbo t	453	MARYLAND	2. USUAL RESIDENCE 0- STATE Mcl.	(Where decea	sed lived. If institu b. COUNT			ore odmi	ission)
b. CITY OR TOWN	(If outside corporate limits, wi	ite RURAL	c. LENGTH OF STAY IN 16	c. CITY OR TOWN	(If outside cor	porote limits, write	RURAL and	give n	earest to	wn)
rural R	oyal Oak		8 months	x rural	Royal	L Oak				
d. NAME OF HOSP	ITAL OR INSTITUTION	(If not in hos	pital, give street address)	d STREET ADDRESS		otro -			ON	A FARM
3. NAME OF DECEASED (Type or print)	a distriction	irst ANTHON	Middle IY ANDREW	Lost	4. DATE OF DEATH	Feb. 2	~	Doy	Y	9 58
5, SEX	6. COLOR OR RACE	7. MARRI	ED NEVER MARRIED	B. DATE OF BIRTH		9. AGE (In years lost birthday)	IF UNDER I	YEAR		ER 24 HI
Female	White	WIDOWE	DIVORCED [May 31, 195	7	yes.	Months [Days	Hours	Min.
10a. USUAL OCCUPAT during most of world	TION (Give kind of work king life, even if relired)	done 10b.	CIND OF BUSINESS OR INDU	stry III. BIRTHPLACE (SIG		country)	12. CITI2	ZEN OI	TAHW	COUNTI
13. FATHER'S NAME				14. MOTHER'S MAIDEN	NAME					
Palme	r Andrew			Toni M	arie Ro	ose				
15. WAS DECEASED	EVER IN U. S. ARMED H	DRCES? 16.	SOCIAL SECURITY NO. 17.	INFORMANT		Address	7			
(Yes, no. ar unknown)	[If yes, give war or dates o	or service)		Mr. Palmer	Andrew	Roya	1 Oak,	Mo		
Conditions, if gove rise to imm (a), staling the couse tast.	underlying DUE TO	o))	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TER	MINAL DISEAS	E CONDITION GIV	'EN IN PART	1(a) 11	9. WAS	AUTOPS
PART II, O	AUSE WAS ONTRIBUTING	20b. DESCRIB	E HOW INJURY OCCURRED.	(Enter noture of injury in P	art Lor Part II	of item 18.)			res [NO [
20c, TIME OF INJ	URY Month, Day, Yo	While	1 6-	ACE OF INJURY (Home, foctory, street, office bldg., a	rem. 20f. (City	y or town)	(Cour	nty)		(State
	that I took charg	e of the	remains described ab	ove, held on Autor	osy od I	nspection .	Inquiry	v []	, an	d in m
		Notural	causes Accident		Hamicide EXAMINER ICAL EXAMINE	Undete			er 🔲	IIGNED
	Feb. 22,		Spring Hill	OR CREMATORY	22d. LOCA	TION (City, town, oton, Mar			(State	e)
23. FUNERAL DIRECTO	E. Newmam &	Son	Easton, Md		C'D BY REGIST	n /	TRAR'S SIG	NATUR	E	

DATEEB 2 4 '58

4 should 70 FUNERA TO DIFIUTY VS. A15ME 5M 2/57

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2280344XV5

DIFUTY MEDICAL EXAMINER: This certificate should be exemited within 24 hours ofter death. If any delay is ecute the certificate, writing the world "peading" in pendi is them 18. Give Pages 1, 2, and 3 to the funginated in the Chief Madical Examiner's Office along with farm PMS. Page 5 may be reformed in the A.R. RECTOR: page 3 should be used as a buriol-transit permit. File pages 1 and 2 with the State is designated agent, prior to burial, cremation, or remayal, and in any prost within 72 hours after death.

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ANGENTIAN - BEAUTH OF THE WAY BY STATE THAT WAS AND THE OF THE WAY.

BUREAU V. S.

EEB on 1522

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Jan 1

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

	: 24	154	CERTIFICA	ATE OF DEAT	H		Reg. Dist. No	02419
1. PLACE OF DEATH G. COUNTY Tal	bot		MARYLAND	2. USUAL RESIDENCE (WO. STATE MATYLE	here decease		n Residence bef Talbot	
b. CITY OR TOWN (III RURAL ond give ne TUTAL	f outside corporate limi corest town) COPDOVA	is, write c	LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	outside corpo		RAL and give no	earest fown)
d. NAME OF HOSPIT OR INSTITUTION	'AL (If not in hospital, g	ive street od	dress)	d. STREET ADDRESS				o, IS RESIDENCE ON A FARM? YES A NO
3. NAME OF DECEASED (Type or print)	Berti		June	Asche	4. DATE OF DEATH	Februs		19 58
Female	6. COLOR OR RACE	7. MARRIEN	NEVER MARRIED DIVORCED	Feb. 24,	1895	9. AGE (in years lost pirthday) OZ yrs.	Months Days	R IF UNDER 24 HRS. Hours Min.
00. USUAL OCCUPATION during most of work Housewa	king life, even if retired	1	ND OF BUSINESS OR INDU USEWIFE	ISTRY 11. BIRTHPLACE (Slow	1	ountry)	12. CITIZEN	OF WHAT COUNTRY
3. FATHER'S NAME Ferdina	nd Gadow			14. MOTHER'S MAIDEN	NAME			
5. WAS DECEASED EVE	R IN U. S. ARMED FOR	CES? 16. SC ervice)		. George A	Asc	he, Cord		, Md.
	ATH [Enter only one co ATH WAS CAUSED BY: IMMEDIATE CAUSE IO	Vo	for (o). (b), and (c).	an x. 6p	· lla	Z'ou	IN OI	TERVAL BETWEEN
Conditions, if o	DUE TO	11	nt's y	tenon	1		-	nany
gave rise to i couse (a), stating lying cause lost.	mmediate (Dur 70		Leuna	Sic Can	di	te.	CL.	eld Com
PART II. OTH	IER SIGNIFICANT CON	IDITIONS CO	NTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERM	AINAL DISEAS	E CONDITION GIVE	N IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO
200 ACCIDENT	S LINDERLYING I	20b. DESCR	IBE HOW INJURY OCCURR	ED. (Enter nature of injury in	Port for Por	t II of item 18.)		
200. ACCIDENT WAS OR CONTRIBUTING	CAUSE OF DEATH			,				
	MEDICAL EXAMINER)	ar 20d. INJ While of work	Nat while fo	LACE OF INJURY (Hame, for octory, street, office bldg., el	m. 20f. (Cit		(Count)	(Stote)
20c. TIME OF INJUR Hour o. m. p. m. 21. I certify th	MEDICAL EXAMINER) Y Month, Doy, Ye	While of work	Nat while of work of from 106 / 6	LACE OF INJURY (Home, for polory, street, office bldg., et	162	y ar town)	that I last	saw the decease
20c. TIME OF INJUR Hour o. m. p. m. 21. I certify the	MEDICAL EXAMINER) RY Manth, Day, Ye	While of work	Nat while of work of from 106 / 6	LACE OF INJURY (Hame, for	% 8 2 M, fro	y ar town)	that I last	saw the decease
20c. TIME OF INJUR Hour o. m. p. m. 21. I certify the olive on ACTUAL SIGNATURE PHYSICIAN'S	MEDICAL EXAMINER) Y Month, Doy, Ye 19 nat I attended the	While of work deceases	Nat while of the of work of the of work of the of work of the of	LACE OF INJURY (Home, for polory, street, office bldg., et	% 8 2 M, fro	y ar town)	that I last	saw the decease
20c. TIME OF INJUR Hour o. m. p. m. 21. I certify the olive on	MEDICAL EXAMINER) Y Month, Doy, Ye 19 not I attended the CLUS Kurt Le SN, 226. DATE THEREC	While of work deceased	Nat while of work of the property of the prope	h occurred of C	M, fro	y ar town) , 19 multiple couses of treet, city or town, s	that I last and on the ditate)	saw the decease ote stoted abov DATE SIGNI

VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF DEATH - A STENOVE, TO

and the state of t

BUREAU V. E.

\$561 SS 1928

BAIBORN

22c. NAME OF CEMETERY OR CREMATORY

ADDRESS

22d. LOCATION (City, town, or county)

24g. REC'D BY REGISTRAR

245. REGISTRAR'S SIGNATURE

(Stote)

TO HOSMTAL OR ATT

220. BURTAL, CREMATION.

REMOVAL (Specify)

23. FUNERAL DIRECTOR'S SIGNATURE

22b. DATE THEREOF

demth.

1923 6 6-1 -BOARD TO STATE OF THE PARTY OF

Page hours ģ O VS A15 (4) 15M 9/55

BECEINED

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BUREAU V. S.

White the second control and the second con-

ar its designated agent, prior to buriat, cremation, or removal, and in any part within 72 hours after death.

VS. ATSME

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1	1	57	1	9	1)
1	1	2	T	4	~

. 94	20		Reg. Dist. Na.
PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased fixed. If it	
1916 ot	MARYLAND	o. STATE Maryland b. co	UNTY Talbot
b. CITY OR TOWN It outside corporate limits, write RURAL and give neasest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If autside corporate limits,	write RURAL and give nearest lown)
Easton.	2days Shrs	x Lordova	
d. NAME OF HOSPITAL OR INSTITUTION (If not in	hospital, give freet address)	d. STREET ADDRESS	e. 15 RESIDENCE ON A FARM? YES NO
NAME OF DECEASED	Middle	7 7 1 0F	Month Day Year
(Type or print) Do 16 CO.	0	lades DEATH 2	26 1958
	RRIED NEVER MARRIED 8. 1	DATE OF BIRTH 9. AGE In yellow the less brithday LIGUST 9, 1896	ors IF UNDER 1YEAR IF UNDER 24 HKS. Months Doys Hours Min. yrs.
00. USUAL OCCUPATION (Give kind of work done 10 during most of working life, even if retired)	11: 4	10 10 1	12. CITIZEN OF WHAT COUNTRY?
ESTACY FOULTY Y MANE	Chicken	14. MOTHER'S MAIDEN NAME	MJH
James Blad	29	1	chan
15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 17. INF	ORMANT Ad	dress
No None	218-20-5946	Mrs Velle Blodgs	- Cordova Me
18. CAUSE OF DEATH [Enter only one couse per	ine for (o), (b), and (c).	1 / /- 1	ONSET AND DEATH
PART 1. DEATH WAS CAUSED BY:	lepressed trac	Ture of skull	Thank
810 X DUE TO N	1.	1/1 1 1 1	/
Conditions, if ony, which gove rise to immediate cause	IVING CKI ST	ruck by Trum	
(0), stating the underlying DUE TO	,		
couse lost.) (c)	CONTRIBUTING TO DEATH BUT AND	AT SELLYED TO THE PERMINISH BUSINESS CONTRIBUTION	
8	CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION	PERFORMED?
PRIMARY OF DEATH.	VING DICKEL -	Struct her true of injury in Port t or Part 11 of item 18.)	t eressing
20c. TIME OF INJURY Month, Doy, Year 20	d. INJURY OCCURRED 200. PLACE	OF INJURY (Home, form, 120f. (City or town)	(County) (State)
	hile Not white A Pacter	x, street, office bldg., etc.) Covilovic	Tal. Ind
21. I certify that I took charge of th	e remains described abov	e, held an Autopsy [], Inspection	, Inquiry , ond in my
opinion death resulted from: Nature	ol couses . Accident	. Suicide . Homicide . Und	determined monner
I I n	lost		
SIGNATURE James	Velley	M.D. CHIEF MEDICAL EXAMINER	DATE SIGNED
EXAMINER'S NAME (Type)	TV	ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER	2-27-58
BURIAN CREMATION 276. DATE HEREOF	Sec. NAME OF CEMETERY OR C	REMATORY 220 LOCATION LCAV. 10	wn, or county) (Store)
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		REGISTRAR'S SIGNATURE
W Example Gara	Il Enston	DATE MAD 5 '58	doch couch
4. 11.11-11.11	The state of the s	MAK 3 30 1	BALL SOULAND



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DECENTED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Sec. Sea Single

death.

certificate

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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Maria Cara

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

FRITTO A. 8.

VS A15 (4) 15M 9/55 2

ARYLAND	STATE DEPARTMEN	NT OF HEALTH-	BALTIMORE, 18

2431 CERTIFICATE OF DEATH

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(12426)

	Neg. 031. No.
1. PLACE OF DEATH 0. COUNTY	2 USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission) a. STATE b. COUNTY
Talbot	Mary land Carolina
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown)	Y IN 1b CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)
Easton. 5da	U.s. Denton
d. NAME OF HOSPITAL (If not in hospital, give street address)	d STREET ADDRESS (e. IS RESIDENCE
OR INSTITUTION	MMO GINLD ON A FARM? YES IT NO IT
Memirial Haspital	
3. NAME OF First Middle DECEASED First Middle Middl	e Lest 4 DATE Month Day Year
(Type or print) Anna	Garman Josh February 26 1958
5. SEX 6 COLOR OR RACE 7. MARRIED NEVER MARR	RIED B. DATE OF BIRTH 9. AGE (In yours II UNDER 1 YEAR IF UNDER 24 HRS
Female White WIDOWED DIVORCE	ED March 17, 188 lost birt doy) Manths Doys Hours Min.
100 USUAL OCCUPATION (Give kind of work done) 10b KIND OF BUSINESS during most of working life, even if retired)	OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Hausewife Iml	Delaware USA
13. FATHER'S NAME	14 MOTHER'S MAIDEN NAME
Curtis Com	Consul M. Millians
15 WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO	O. 17. IMPORMANT A Modress
(Yes, no. or unifryum) (If yes, give wor or dates of service)	Can law Min
Timbo	The New Jaman
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: 100 1700	y 600105161711
420 / DUE TO	·
Conditions, if any, which) (b)	∛
gove rise to immediate (
lying couse last.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO D	EATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
NA CONTRACTOR OF THE CONTRACTO	PERFORMED?
A ACCIDENT MARK INDEPENDENT OF LOW OFFICE HOW WHITE	YES T NO
I ≅ FOR CONTRIBUTING □ CAUSE OF DEATH I	OCCURRED (Enter noture of injury in Port I or Port II of item 18.)
COC. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Haur o. m. 19 of work of work	20e. PLACE OF INJURY (Home, farm, 20f (City or town) (County) (Stole) factory, street, affice bldg., etc.) 1
Maur o. m. While Not while	Totally, strong attitue broggi, etc.)
21 1 a details to 1 and and the decoration	10 10 10 11 11 11
21. I certify/that I attended the deceased from.	19, ta, 19, that I lost sow the deceased
alive/oh 19 and tha	it death occurred at 125 M, from the causes and an the date stated above.
Ch Y NIS	ADDRESS (Street, city or lown, stole) DATE SIGNED
SIGNATURE CLASSON SIGNATURE	M.D. 219 S. WOS17179/017 X. 201003
PHYSICIAN'S ECH CL.	+ T X 15 11
NAME (Type)	E25/017 /0, MDD/Y/C/Del.
220 BURIAL CREMATION, 226. DATE THEREOF , 22c. NAME OF CE	METERY OR CREMATORY 22d LOCATION (City, town or county) (151ate)
REMOVAL (Specify) 3/1/58 Rad Juli	ous Cemitery Glafors, Leka
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE
12 Frampion Son Federals	brong mel. DATE MAD 2 158 Plan of
The second	MID 3 30 I W CERNAL
121	



02427

L OF ATTEND	nies by the h	A ECTOR: A	de detache	r pe or to buric	
ING PHYSICIAL	may be retained by the hospital or attending physician.	After this certifice	ගිදූ page 3 sho ne detached far use as the burial-transit permit. Then please remaye carbon papers. Pages 1 a shauld be filed v	ol, cremation, ar	
4: The law re	ling physician	ite has been a	burial-transit	removal, and	
duires that		signed by Il	permit. T	d in ony ev	
the death o		he attending	hen please	ent within Z	
erhiticate be		physician a	remove carbo	hours ofter	4
executed w		nd camplete	on papers.	death.	
Ihin 24 haur		ly filled in	oges 1 o.		
s after death.		the funeral	should be f		
2		dire	- PG		

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L					CERTIFIC	712	01 01					Reg. D	ist. No		
1.	PLACE OF DEATH a. COUNTY					2. U	SUAL RESIDE	NCE (Wh	era decease			n: Reside	nce befo	re admin	ion)
		albot			MARYLAND	°	. STATE	rvla	nd	b. CO	UNTY	TeT	bot		
Г	b. CITY OR TOWN (I RURAL and give no	f autside corporate lin	nits, write	c. LENGT	H OF STAY IN 16	6	CITY OR TO	-		orote limits, v	vrite RL		- M. M.	orest low	n)
	St. Michae	-		6 m	onths	1 3	, ф	unis	Mil1	S					
Г	d. NAME OF HOSPIT OR INSTITUTION		give street				d. STREET ADD							e. IS RES	IDENCE FARM?
L	Rio Visto	Nursing F	lome				*							YES [NO [
3.	NAME OF DECEASED	F	first		Middle		Last		4. DATE OF		Mont	h	Do	y	Year
L	(Type or print)	WILLIAM		S.	GEORGE				DEATH	ı F	eb.	13,			19 58
5.	SEX	6. COLOR OR RACE	7. MARR	IED 🔲 NE	VER MARRIED	B. DA	TE OF BIRTH			9. AGE (In	years			-	R 24 HRS
L	Male	White	WIDOWE		DIVORCED [1	ıg. 27,	18		lost birth	yrs.	Months	Days	Hours	Min.
10	during most of work	ON (Give kind of warling life, even if retire	done 10b.	KIND OF	BUSINESS OR INDI	USTRY	11. BIRTHPLAC	E (Slote	or foreign o	country)		12. C	TIZEN C	F WHAT	COUNTR
L	Blacksmith		,	Black	smith sh	op	H. ry	land					U.S.		
13.	FATHER'S NAME					14,	MOTHER'S M	AIDEN N	IAME						
	John Fr	ancis Geor	rge				Mary	Cald	well						
15.	WAS DECEASED EVE	R IN U. S. ARMED FO	RCES? 16.	SOCIAL SE	CURITY NO. 17.	INFOR	MANT				Addr	055			
	no	,, , , , , , , , , , , , , , , , , , ,		one		Mrs.	Wm. S	. Ge	orge,	Jr.		Dast	on,	Md.	
	18. CAUSE OF DEA	TH [Enter only one o	cause per lis	ne for (o),	(b), and (c)-]		0							RVAL BE	
	PART I. DEA	TH WAS CAUSED BY:	w/°	M	edies.	1 -A	ene,	20	/				ONS	ET AND	DEATH
	11118	DUE T		,						-2 -	12.				e ye17
	Canditions, if a	ny, which)	MAN	mi	CRACIN	7/97	nos	m	PR	Red	0	2		- 2	
	gave rise to in	nmediate ((b)	1.40				1//	0						
	tying couse lost.	the <u>under-</u>	(c)	£	1	lu	rera	luc	dh	wasi	ne	W	,		
١z	PART II. OTH	ER SIGNIFICANT CO	NDITIONS (ONTRIBUT	ING TO DEATH BU	T NOT	RELATED TO TH	HETERMI	NAL DISEAS	E CONDITIO	N GIV	EN IN PA	RT 1(a) 1	9. WAS	AUTOPSY
Ě														PERFC	RMED?
崖	20a. ACCIDENT WA	S UNDERLYING CAUSE OF DEATH	20b. DES	CRISE HOV	V INJURY OCCURR	ED. (Ent	ter nature of in	njury in P	ort I or Par	rt II of item 1	8.}				110 23
MEDICAL CERTIFICATION	(IF EITHER, NOTIFY	MEDICAL EXAMINER)									Ť				
8	20c. TIME OF INJUR	Y Month, Doy, Y	ear 20d. It	NJURY OCC			F INJURY (Ho			y or town)			(County)		(Slale)
Ē	Haur a. ji.	19	While of war	k 🔲 at wa	**************************************	actory,	street, affice bi	ldg., etc.	1				();		
[*					3 , -	,	1063		2 - /	2 - 4	/ `C				
	'n	at I attended the	e decease				, 1 <u>25 Z,</u>		77.	3		.,that I	last so	w the	decease
	alive on	<u></u>		وسولم	and that deat	h occ	urred ata		AM, trai	m the cau dreet, city ar	ses a	nd on	the da	te state	ed abov
	ACTUAL	was	7/	or D	2		,	14	W/ S	oliteri, city dr	IOWN, S	istual	n	_/	AIE SIGN
	SIGNATURE	61	an	7	- //F	MD	}	41.	ILLA	f los	11	71	14	<u>~</u>	
	PHYSICIAN'S NAME (Type)	Twel 1	MI	900	Her	h						7 -	14		·A.
22	BURIAL, CREMATIO	N, 226. DATE THERE	OF	22c. NA	ME OF CEMETERY	OR CRE	MATORY		22d. LOCA	TION (City, t	awn, o	r cauniv)		(Stot	e)
	BUT L'AL (Specify)	Feb. 15,	1958		ing Hill					cton,			2	(3.00	-,
23.	FUNERAL DIRECTOR			ADD	RE55		24	ta. REC'E	BY REGIS			TRAR'S S		RE	
	Maurice E	. Newnam &	Son	H	aaton, Mo	d.			1 9 '5	K)	01	. D.	./		



VS A15 (4) 15M 9/55

02428

	2432	CERTIFIC	AIE OF DEAIR	1	Reg. Dist. No.
1.	PLACE OF DEATH O. COUNTY TALBOT	MARYLAND	2 USUAL RESIDENCE (WHO O. STATE	ere deceased lived. If institut b. COUNT	tione Residence before admission) TALBOT
	RURAL and give nearest (town) 25	STH OF STAY IN 16	X Faston	utside corporate limits, write	RURAL and give nearest lawn)
	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION AS FOR Memorial	Hosp.	d. STREET ADDRESS	10#3	e. IS RESIDENCE ON A FARM? YES NO
L	NAME OF DECEASED (Type or print) And Recut	Middle	Gibson	DEATH 2	Day Year 24 1958
L	Male COLOR OR RACE 7. MARRIED N	DIVORCEDY	May 3 189	9. AGE (In years los brindoy)	Months Doys Hours Min.
┕	. USUAL OCCUPATION (Give kind of work done 10b. KIND OF during most at morking life, even of retired)	BUSINESS OR IND	//lar	sland	12. CITIZEN OF WHAT COUNTRY
13.	FATHER'S NAME Charles Libson		Catherin	i Hensley	~
IS.	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL S	SECURITY NO. 17	PHILL Lee G	1bsun - 50	n - Sane
	1B. CAUSE OF DEATH [Enter only one couse per line (07) of PART I. DEATH WAS CAUSED BY:	(c).]	ia		INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if any, which) (b)	Solo	nephos	is	
	gove rise to immediate couse (a), stating the under-lying couse lost.	Sdeller	stone		
CERTIFICATION	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBL	JTING TO DEATH BU	UT NOT RELATED TO THE TERMI	NAL DISEASE CONDITION GI	IVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
3	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	W INJURY OCCUR	RED (Enter noture of injury in F	'ort I or Port II of item 18 }	
MEDICAL			PLACE OF INJURY (Home, form foctory, street, office bldg., etc.		(County) (State)
	21. I confly that furfended the deceased from alive on	n and that deat	th occurred at 2	April 1	,that I last saw the decease and on the date stated abov
	ACTUAL CELL COLLEGE	1	~ 11	ADDRESS (Street, city or Jown	
	PHYSICIAN'S E.C.H. SCH.	midt	Essto	7 16/1	Vory/217d.
22	DEBUTAL CREMATION, 276. DATE THEREOF 22c. N. STANOVAL (Specify) 2/28/58	MAGOF CEMETERY	OR CREMATORY	22d LOCATION (City, town.	or county) (Stote)
23.	POTIERAL DIRECTOR'S SIGNATURE 7AD	9 ate		D BY REGISTRAR 24b. REG	SISTRAR'S SIGNATURE

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

Manage A Page 18

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MARIE

P corbon move agse in Per ond FUNER loge 3 poge 0 VS A15 (4) 15M 9/55



'S' A AVIII

85 :

TO DEPUTY MEDICAL EXAMINER: This certificate should be permitted within 21 hours after death. If any delay is necessary, please execute the care cate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral diminitor. Page 4 should be forwarde the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your fill to buriol, cremation, TO FUNERAL RECTOR: Page 3 should be used as a buriol-transit permit. File pages 1 and 2 with the registror in the buriol, cremation, or removal. VS. A15ME(5) 5M 9/55

	4		MARYL	AND :	STATE DEPA	ARTME	NT OF HEALT	H-BA	LTIMORE,	18			
1	. U	em lä Fil	ME	DICA	L EXAMI	NER'S	CERTIFICAT	TE OF	DEATH	Reg. Dis	t. No.	112	432
	7, 1	PLACE OF DEATH					2. USUAL RESIDENCE (V	Vhere decea	sed lived. If institut				
	•	o. COUNTY Ta.	Lbot		MA	URYLAND	o STATE Mary	Land	b. COUNTY	Talb	ot		
	b	ond give negrest low	if outside corporate limits, write)	RURAL	c. LENGTH OF ST	AY IN 1b	c. CITY OR TOWN (IF	outside cor	porole limits, write	RURAL and	give no	arest to	vn}
		EASTON	1		DOA		X rural	Traj	rpe				
7	ď		Hospital,	Maste		iress)	d. STREET ADDRESS					ON	SIDENCE A FARM? NO
		NAME OF DECEASED	Fir	at .	Middle		Lest	4. DATE	Month		Day	Y	101
	- ((Type or print)	MARG ARET			JONES		OF DEATH	Feb. 16,			1	9 58
	5. 5	-	6. COLOR OR RACE	7. MARRI	ED 🛅 NEVER MARE	RIED 🔲 8.	DATE OF BIRTH		9. AGE (In years fast birthday)	IF UNDER 1			
		Female	White	WIDOWE		1007	July 24, 19		27 yrs.		ays	Hours	Min.
	10o d	luring most of worki	ng_life, even if retired)	done 10b.	KIND OF BUSINESS C	OR INDUSTR	TY 11. BIRTHPLACE (Stote	or foreign	country)	12. CITIZ	EN OF	WHAT	COUNTRY?
		housew	ife				Maryland			U	.S.		
	13. FATHER'S NAME						14. MOTHER'S MAIDEN N						
	10		Faulkner	noren tak			Agnes Dac	lds					
	(Yes, no, ar unknown) (If yes, give war or dates of service)					IO 17. IN	NFORMANT Address						
	-	110	ATH Enter only one cou		one							AL BETWE	
/	NO	492) Conditions, If a gove rise to imme (o), stating the couse lost.	diole cause underlying DUE TO		Virus p		Onia OT RELATED TO THE TERMI	NALDISEAS	SE CONDITION G VE	N IN PART			UTOPSY
	ICAT										Y	ES 🔲	NO 🗌
		200. EXTERNAL CA PRIMARY () or CO CAUSE OF DEATH.	USE WAS NTRIBUTING []	b. DESCRIB	E HOW INJURY OCC	JURRED. (Er	nter nature of injury in Port	l or Parl II	of item 18)				
	MEDICAL	20c TIME OF INJU	RY Month, Day, Yea	Whit	INJURY OCCURRED Not while ork of work		E OF INJURY (Home, form ry, street, office bidg., etc.)	20f. (City	y or town)	(Coun	[y]		(Stote)
		· ·	hot I took charge I from: Naturol	_		_	re, held on Autopsylide		nspection 🔀,		□,	and f	ind that
		Gedin resomed	A TOM: WOOD	a A	Accident	_, 5010	roe [_], nomicide	∐, v	nderermined Co	ouse [
1		ACTUAL SIGNATURE	42227	11/13	the		M.D. CHIEF MEDICAL EX	AMINER	1			DATE S	GNED
-				100	1		_M.D. ASSISTANT MEDICA		•		7	-18	-1-5
		EXAMINER'S NAME (Type)	Dr. Louis S	. Wel	ty		DEPUTY MEDICAL	EXAMINER (34.		La	16	' ' ' ' ' '
	220	BURIAL, CREMATIC	ON, 22b. DATE THEREO		22c. NAME OF CEM	ETERY OR	CREMATORY	22d. LOCA	TION (City, town, o	r county)		(Stote)
	_			1958	Landing	Neck			rall, Tra			ylan	d
		FUNERAL DIRECTOR	rs signature Netatam & S	an	ADDRESS Hand	Md	240. REC'I	D BY REGIST	TRAR 246, REGIS	FRAR'S SIGN	IATUR	Ē	
	a a	adrice 4.	neman 6 3	CIL	Easton,	e Dir	DATE	FEBR				7	

M. V. UKERTO

FEB ST 1073

2457	CERTIFICATE OF DEATH
	2 USUAL RESIDENCE (WI

-	2457	CERTIFICA	AIL OF DEATH	•	R	eg. Dist. No.		
	1. PLACE OF DEATH o COUNTY		2 USUAL RESIDENCE (Wh	ere deceased liv		Residence befor	e admission)	
	Talbot	MARYLAND	Maryland		b. COUNTY	Talhaf		
4	b CITY OR TOWN (If outside carporate limits, write RURAL and give nearest tawn)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF o	utside corporate	limits, write RUR/			
	St. Michaels	Life	X St. Mich	aels				
	d. NAME OF HOSPITAL (If not in haspital, give street a	address)	d. STREET ADDRESS			-	N. IS RESIDENCE	
	Miles River Yacht Club		Talbot S	t			YES NO	
	3. NAME OF First DECEASED	Middle	last	4. DATE	Month	Day	y Year	
	(Type or print) Daniel	Hughes	LeCompte	OF DEATH	Feb.	2	1958	
	5. SEX 6. COLOR OR RACE 7. MARRI	ED A NEVER MARRIED	B. DATE OF BIRTH	9,			IF UNDER 24 HRS.	
	Male White WIDOWE	D DIVORCED	April 26,	1905	52 yrs.	lonths Days	Hours Min,	
	10a. USUAL OCCUPATION (Give kind of work done 10b. I during most of working life, even if retired)	KIND OF BUSINESS OR INDU	STRY 11 BIRTHPLACE (State	ar foreign count	(y)	12. CITIZEN O	F WHAT COUNTRY	
		nsurance	Marylan	d		USA		
	13. FATHER'S NAME		14 MOTHER'S MAIDEN N	IAME				
	Nicolas LeCompte		Anne Blo	odswor	th			
	15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. 1	SOCIAL SECURITY NO 17. I	INFORMANT		Address			
		15-18-1658 I	orothy LeCo	mpte	St. N	ichael	s, Md.	
	18. CAUSE OF DEATH [Enter only one cause per lin	e for (a), (b), and (c)]	010	P		INTE	RVAL BETWEEN	
	PART 1. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a)	yocardie	at prean	dio	7		hr.	
	" CaU, / DUE TO /	7 2	y i	,	0	ρ		
	Conditions, if any, which) 101 and moseles l'e carolin verseiller cf.							
	gave rise to immediate Couse (a), stating the under-					-		
	lying cause last. (c)							
	PART II OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM!	NAL DISEASE CO	ONDITION GIVEN	IN PART 1(a) 15	P. WAS AUTOPSY PERFORMED?	
}	PART II OTHER SIGNIFICANT CONDITIONS C						YES NO	
		RIBE HOW INJURY OCCURRE	D. (Enter nature of injury in F	Port I ar Part II	of item 18)			
	X		ACE OF INJURY (Hame, farm clary, street, office bldg., etc.	20f (City or	lawn)	(County)	(State)	
	While p. m 19 While of work	MOI WHITE	course office of the course of	1				
	21 I certify that I attended the decease	ed from 2-2-	125° 8, to 2	- 2	148	hat I last sa	w the decease	
	alive on 2 - 2 195	£, and that/Heath	occurred at 2	4M. fram t			e stated abay	
	4: 10-16		-	ADDRESS (Stree			DATE SIGNI	
2	SIGNATURE SIGNATURE	MD STT	nica	Kael	7 121	e cl		
4	1 2 0	10		gillion adjutik sylvetilise dipetillise. Il				
	PHYSICIAN'S July M / LEZ	ser /		*	2.	3 -5	٥.	
	220 BURIAL, CREMATION, 226 DATE THEREOF REMOVAL (Specify)	22c. NAME OF CEMETERY C	OR CREMATORY		N (City, town, or c	county)	(State)	
	Burial Feb. 4 1958	Olivet		St. M	ichaels	5 R/	त.	
	23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	7 a M.J. 240. REC'	D BY REGISTRAL	24b REGISTR	AR'S SIGNATUR	7	
	florman U. Marshal	ØSt. Michae	ELS, Md DATE	FFR 5 T	18 110	Leave	<u> </u>	

may be retained by the haspital or attending physician.

Deuneral ECTOR: After this certificate has been signed by the at mading plysician and campletely filled in the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove catbon papers. Pages 1 and 2 shauld be filled with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after depth. TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours may be red

VS A15 (4) 15M 9/55



	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	0.10
	2437 CERTIFICATE OF DEATH	$\mu 243^{\circ}$
1.	G. COULTY O STATE	e before admission)
	b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and g. RURAL and give negrest town)	ive regrest town)
	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION MEMORIAL HOSPITAL OR INSTITUTION	e IS RESIDENCE ON A FARM? YES NO A
3	DECEASED	Doy Year
5	SEX 6. COLOR OF RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER I	YEAR IF UNDER 24 HRS. Days Hours Min.
10	USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTH/LACE (State or foreign country) during most of working life, even if retired) 12 CITI:	ZEN OF WHAT COUNTRY?
13	FATHER'S NAME 14. MOTHER'S MAIDEN HAME 14. MOTHER'S MAIDEN HAME	
15 (Ye	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address To a give wer or dates of service) To n a graph Hay had been decembered.	1 Cauche
	18. CAUSE OF DEATH [Enter only one cause per line for to), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardiac (Lailure)	INTERVAL BETWEEN
	Conditions, if any, which) the Ckross ary attrecor cleratic beaut discour	(?)
	gove rise to immediate cause (o), stating the under-lying cause last.	
CATION	PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	1(a) 19. WAS AUTOPSY PERFORMED? YES NO
1 CERTIF	206. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 206. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
MEDICA	20c. TIME OF INJURY Month, Day, Year Hour o. st. 19 20d. INJURY OCCURRED While Not while at work at wo	ounty) (State)
		ast saw the deceased
	ACTUAL SIGNATURE Muss has Diaces me M.D. Cartan Mary laws	DATE SIGNED
	PHYSICIAN'S THURSTON MARRISON	
	BURIAL CREMATION, 226 DATE THEREOF 22C. NAME OF CEMETERY OF CREMATORY 220 COCATION (City, town, or county)	
220	PUNERAL DIRECTOR'S SIGNATURE // ADDRESS // 1240 BECORD SUPERING CHY, TOWN, OF COUNTY)	(Stole)
	3 5 100	PLACE OF DEATH Reg. DIS



LEXAMINER: This certificate should be executed within 114 hours of 111 death. If any delay is necessary, please a cicle, writing the word "pending" in pendi in them 18. Give Pages 1, 2, and 3 to the function of rector. Page and or the Chief Medical Examiner's Office along with form PM3, Rage 5 may be retor. For your files, PAO CTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State board of Health, HS agent, prior to burial, cremation, ar removal, and in any event withing hours after death.					1			
LEXAMINER: This certificate should messaged within 114 hours of 112 death. If any delay is necessary, please sie, writing the word "pending" in pencil in them 18. Give Pages 1, 2, and 3 to the function of deciding the word "pending" in pencil in them 18. Give Pages 1, 2, and 3 to the function of property of deciding to the Chief Medical Examiner's Office along with form PM3, Page 5 may be retained by your files. TOR: Page 3 should be used as a burial-transit permit. File pages I and 2 with the State board of Health, agent, prior to burial, cremation, ar removal, and in any event withing 2 hours after death.		F:	O Al	R LT	\$1 H	A D	TE EP1	ľ.
LEXAMINER: This certificate should resconted within 114 hours of 112 death. If any delay is necessate, writing the word "pending" in pencil in them. 18. Give Pages 1, 2, and 3 to the functional ded to the Chief Medical Examiner's Office along with form PM3, loge 5 may be retained to the Chief Medical Examiner's Office along with form PM3, loge 5 may be retained? For your PM3, loge 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Goard a gent, prior to burial, cremation, ar removal, and in any event withing? Anours after death.	ry, please	or. Page	or files.	f Health,			H	
LEXAMINER: This certificate should rescuted within 14 hours of and 60th. If any delay 31c, writing the word "pending" in pendicial term 18. Give Pages 1, 2, and 3 to the fund ded to the Chief Medical Examiner's Office along with form PM3, Rage 5 may be retail OR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the Statigent, prior to burial, cremation, ar removal, and in any event within 72 hours after deal	is necession	d rech	or you	e board a	÷			
LEXAMINER: This certificate should messecuted within 114 hours of medeath. If sie, writing the word "pending" in pencil in them. 13. Give Pages 1, 2, and 3 ded to the Chief Medical Examiner's Office along with form PM3, Page 5 may 10R: Page 3 should be used as a burial-transit permit. File pages 1 and 2 will gent, prior to burial, cremation, ar removal, and in any event within 2 hours	any delay	to the fund	y be retai	h the Stat	ofter deal			
LEXAMINER: This certificate should me executed within 14 hours of mile, writing the word "pending" in pencil in tem, 18. Give Pages 1, ded to the Chief Medical Examiner's Office along with form PM3, TOR: Page 3 should be used as a burial-transit permit. File pages I gent, priar to burial, cremation, ar removal, and in any event within	deoth. If	2, and 3	Page 5 may	and 2 with	#72 hours	>5	F	
LEXAMINER: This certificate should rescuted within Its set, writing the word "pending" in pencil in them, 18. Giv ded to the Chief Medical Examiner's Office along with for Page 3 should be used as a burial-transit permit. Fill gent, prior to burial, cremation, ar removal, and in any expension to burial, cremation, ar removal, and in any expension.	hours of	e Poges 1,	rm PM3,	e pages i	went within		MC.	d
LEXAMINER: This certificate should respected sie, writing the word "pending" in pending ten tended to the Chief Medical Examiner's Office alor fOR: Page 3 should be used as a burial-transit gent, priar to burial, cremation, ar removal, an	within #4	n 18. Giv	ng with for	ermit. Fil	d in ony			
LEXAMINER: This certificate should imported writing the word "pending" in perded to the Chief Medical Examiner's COR: Page 3 should be used as a buriagent, priar to burial, crematian, ar re	executed	scil in Hen	Office ala	I-tronsit p	moval, an		١	/
LEXAMINES: This certificate of withing the word "pendin ded to the Chief Medical Ex. TOR: Page 3 should be used gent, prior to burial, cremat	should	ig" in per	ominer's (as a buria	ion, or re			
LEXAMINER: This of the world ded to the Chief M TOR: Page 3 should gen!, prior to burit	certificate	d "pendin	edical Ex	be used	of, cremat			4
L EXAMIN Die, writin ded to the TOR: Page genl, prio	IER: This o	the wor	Chief M	3 should	r to burie		25"	
	L EXAMIN	3!e, writing	ded to the	OR: Page	gent, prid			

5M 2, 57

MARYLAND STATE DEPARTMENT OF MEDICAL EXAMINER'S CERT

		DEATH		No112	435
MARY OR TOWN (IF	LAND outside cor	b. COUNTY	TALB	OŢ	
T ADDRESS	RD.			e. IS RESI ON A I YES 🔽	
Losi 3 RTH	4. DATE OF DEATH	Month FEB 9 AGE (In year) lost birthday) 12 yrs.	IF UNDER 1Y Months Do	ys Hours N	24 HRS
Albany R S MAIDEN N Classical Colors Colors Co	N Y	elstatstelstels	USA	N OF WHAT CO	
D. New	comb	Trappe		INTEPNA, BETWELN OINSET AND DEATH	
TO THE TERMI		E COND TION GIY	EN IN PART 1	PERFORM	

		9429			Reg. Dist. No. 11 (2012)					
	I. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased I ved If institution Residence before admission)					
	0	. COUNTY	TALBOT		MARYLAND	o. STATE	VARYLAND	b. COUNTY IT	ALBOT	
	b. CITY OR TOWN If outside corporate limits, write BURAL		c. LENGTH OF STAY IN 16		WN (If outside corpore			est town)		
		EASTON)		2½hrs	X TRAI	PPE RD			
	ď	. NAME OF HOSPITA	AL OR INSTITUTION (not in hosp	ito!, give street oddress)	pl. STREET ADS	DRESS		e.	IS RESIDENCE
		MEMORIAL HOSPITAL			TRAI	TRAPPE RD. YES VINO				
	3. NAME OF DECEASED (Type or print) Steven John			Middle In	NEWCOMB	4. DATE OF DEATH	Month FEB	Doy 11,195	Yeor 8 19	
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 1 B I				B DATE OF BIRTH	9	Lord Intelligence	DER TYEAR IF	UNDER 24 HRS	
		male	white	WIDOWED	DIVORCED [3 6/4/45 lost birthday) Months Day			15 Days Ho	ours Min.
No.	10a.	. USUAL OCCUPATIO	ON (Give kind of work on life, even if retired)	lone 10b, K	ND OF BUSINESS OR INDU	STRY 11. BIRTHPLAC	E (State or foreign coun	(ry) 12.	CITIZEN OF W	HAT COUNTRY?
1	during most of working life, even if retired) None			None	Alt	pany Ny		USA		
-	13.	FATHER'S NAME				14 MOTHER'S MA	AIDEN NAME			
			yse-Kearney	St. Company of the State of the	nan D. Newcom		elelelelelelelele	leisicisisis Jo	yce Kea	rney
	15. 1941.		ER IN U. S. ARMED FOI 117 yes, give wer er deles of t	CES7 16 S	OCIAL SECURITY NO. 17.	INFORMANT		Address		
		No			None	Norman D.	Newcomb	Trappe Md.	•	
		18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]								
		PART I. DEATH WAS CAUSED BY Fractured skull MMEDIATE CAUSE (6) Fractured skull								
		OUE TO								
		Conditions, if any, which) (b)								
		gove rise to immediate cause (a), stating the underlying DUE TO								
	couse lost. (c)									
А	Z Ω	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?								
)	FICATION								YES	
PRIMARY O or CONTRIBUTING O							item 18)			
		CAUSE OF DEATH.			n car which					tor-trai
	D.CAL	20c TIME OF INJUR	TY Month, Day, Yea	r 20d. IN While		ACE OF INJURY (Hor ctory, street, office bl	ne, form, (20f, (City or dg., etc.)	town)	(County)	(Stole)
1	WED	c8:20AP m.	2-11-5819	of wor	t of work	hi-way	Trap	pe Ta	Lbot	Md.
		21. I certify th	at I took charge	of the re	emains described ab	ove, held an A	utapsy 🔲, Inst	pection [], Inq	viry .	and in my
		apinion death resulted fram: Natural causes . Accident . Suicide . Hamicide . Undetermined manner								
		July of Ollaria					_		0.4	ATE SIGNED
		SIGNATURE LENIS (1/ VECTOR)				.M.D. CHIEF MEDICAL EXAMINER				
i.	Examiner's Louis S.Welty		- 1	ASSISTANT MEDICAL EXAMINER						
		NAME (Type)					DICAL EXAMINER		2-11-58	9
	220	BURIAL, CREMATIO REMOVAL (Specify)	N. 226 DATE THEREO	F	12c. NAME OF CEMETERY C	R CREMATORY	22d. LOCATIO	N (City, town, or coun	ly)	(State)
	-	urial	2/14/58		Dorchester M		Cambri		Md.	
	1	FUNERAL DIRECTOR		4 - 8	ADDRESS		EFER 1 4 100	R 246, REGISTRAR'S	SIGNATURE	
		eCompte F	uneral Serv	TC0	Cambridge Md	• D	ATTE-DI , OU	Victor.	and a	

bautya k' K'

LEB 14 1958

Lileva A. &

031 FT 85

WE ATTOM!

	2440	CERTIFICA	AIE OF DEATH	Re	g. Dist. No.
1 Pi	LACE OF DEATH COUNTY TALBOT	MARYLAND	2. USUAL RESIDENCE (Whe	b. COUNTY	esidence before admission)
	RURAL and give negrest town) EASTON	LENGTH OF STAY IN 16	Feder	alstrurg	<i>(</i>)
	OR INSTITUTION AS TO MEMORY MEMORY AS TO MEMORY	· A bloom	d STREET ADDRESS	u 1989	e. IS RESIDENCE ON A FARM? YES NO
3. N Di (T	IAME OF First Processing First Processin	Middle/	Nichola	4. DATE Month OF DEATH Feb	2-/ 19 5
5. SE	temple white WIDOWED)	DIVORCED [May 7, 189		nths Doys Hours Min
100	USUAL OCCUPATION (Give kind of work done 10b, KIN during most of working life, even/if retired)	D'OF BUSINESS OR INDU	STRY 14. BIRTAPLACE (Stole o	r foreign country)	12. CITIZEN OF WHAT COUN
13. F	Allet Wright		14. MOTHER'S MAIDEN NA	lie Stigner	tt
	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SO- new-Grundpown) (If yes, give wor or dolds of service)	CIAL SECURITY NO 17. 1	Naru Nichels	daughtu -=	Federichung "
1	1B. CAUSE OF DEATH [Enter only one couse per line f PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (c)	or (o), (b), and (c).] O Carolial	Infanction	n, Acute	INTERVAL RYTWEEN ONSET AND DEATH 3 day
	Canditions, if any, which	Jeris Scle	ratic Hear	5 Disease.	925.
	gove rise to immediate cause (a), stating the under-	abetes 1	melli tu	<i>a</i> .	104 ps.
CATION	PART 11. OTHER SIGNIFICANT CONDITIONS CON	NTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	AL DISEASE CONDITION GIVEN I	N PART 1(o) 19. WAS AUTOPS PERFORMED? YES NO.
CERTIFI	20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	BE HOW INJURY OCCURRE	D. (Enter noture of injury in Po	rt 1 ar Port 11 of item 18.)	
MEDICAL	Hour a. n. White	RY OCCURRED 20e. PL Not while fo	ACE OF INJURY (Home, farm, ctory, street, affice bidg., etc.)	20f. (City or tawn)	(County) (Sto
	21. I certify that I attended the deceased		19.5 %, to	/	at I last saw the deced
	ACTUAL SIGNATURE	o, and that death		DORESS (Street, city or lown, state	
	PHYSICIAN'S SHEPARD KI	RECH JR		TON Md.	
	BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) Feb. 24, 1953	Les Crest Ce	R CREMATORY :	2d. LOCATION (City, lown, or co	unty) (State) Thanyland
23. F	FUNERAL DIRECTOR'S SIGNATURE 2 Frangaton Son	ADDRESS		BY REGISTRAR 246 REGISTRAL	R'S SIGNATURE

may be retained by the haspital or attending physician.

TO FUNERAC TECTOR: After this certificate has been signed by the attending physician and completely filled a page 3 shall be detached for use as the burial-transit permit. Then please remaye carbon papers. Pages 1 at the registrar prior to burial, cremation, at remayal, and in any event within 72 haurs after death. VS A15 (4) 15M 9/55

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours often death. Page 4

the funeral director, should be filed with

BEGELW .

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 243 CERTIFICATE OF DEATH Reg. Dist. No. director, 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) a. COUNTY b. COUNTY Filed MARYLAND erol c. LENGTH OF STAY IN 16 c. CITY OR TOWN w outside corporate limits, write RURAL and give nearest town] b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RASONVILLE 5 d. NAME OF HOSPITAL (If not in hospital, give street oddress) d. STREET ADDRESS . IS RESIDENCE OR INSTITUTION ON A FARM? YES NO X 24 haurs NAME OF 4. DATE Middle Month Year Filled DECEASED OF DEATH (Type or print) 190 8. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS 5. SEX 9. AGE (In years MARRIED NEVER MARRIED last b rthday) Months Days DIVORCED [3 yr 10a USUAL OCCUPATION (Give kind of wark done 10b KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or fareign country) during most of warking life, even if retired) 12. CITIZEN. OF WHAT COLINTRY? HIWIFE MARY LANG 13. FATHER'S NAM physician 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT attending please 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Key scored jak **DUE TO** á Conditions, if ony, which (b) gave rise to immediate **DUE TO** cause (a), stating the underlying cause last. (c). CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES INO V 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of item 18) 20a. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING | CAUSE OF DEATH 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Day, Year 20d. INJURY OCCURRED (State) (County) factory, street, affice bldg., etc.) Hour e. m While Not while at wark at wark p. m 26700 1922, that I last saw the deceased 21. I certify that I attended the deceased from and that death occurred at 2 24M, from the causes and on the date stated above ADDRESS (Street, city or town, state) DATE SIGNED ַלּי ACTUAL SIGNATURE Man land PHYSICIAN'S HOSPITAL RSTON NAME (Type) FUNER 226 DATE THEREON 220 BURIAL CREMATION, 22c. NEME OF CEMETERY OR CREMATORY 22d. LOCATION (State) **REMOVAL** (Specify) 01 23/ FUNERAL DIRECTOR'S SIGNATURE 24a. REC'D BY REGISTRAN'S SIGNATURE REGISTRAR 24b medie 1 VS A15 (4)

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MARYLAND STATE DEPARTM	ENT OF HEALTH	-BALTIMORE,	18
MEDICAL EXAMINER	'S CERTIFICATE	OF DEATH	R

Reg. Dist.	112	4	3	100	}	
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1. PLACE OF DEATH o. COUNTY Tal	hot		- 11	STATE Maryl		lived. If instit			sion)
b. CITY OR TOWN	(If outside corporate fimits, write RUR			CITY OR TOWN (I		ote limits, write			m)
ond give nearest to	Traphe	15 yrs	- 1	rural	Trance				
d. NAME OF HOSP	TTAL OR INSTITUTION (If no		1 7	STREET ADDRESS				ONA	DENCE FARM?
3. NAME OF DECEASED (Type or print)	ALB ERT	LY'N I	AHLMAN	Lost	4. DATE OF DEATH	Feb.		Doy Ye	
5. SEX Male	2 72 4	MARRIED MEVER MA		of BIRTH 29. 1900		AGE (in years lost berinday)	Months D		R 24 HRS. Mín.
10a. USUAL OCCUPAT during most of work Farmer	TION (Give kind of work done king life, even if retired)	Retired Mac	OR INDUSTRY 11.				U.S.	EN OF WHAT C	OUNTRY
13. FATHER'S NAME		beal er	14, M	OTHER'S MAIDEN	NAME		, 0,00		
Rudolph			1	fae Linn					
15. WAS DECEASED E	VER IN U. S. ARMED FORCES		NO. 17, INFORM	ANT		Address			
_no		215-36-239	l Mrs.	Dora Fal	hlman	E.	ston, 1	dd.	
PART I. DE	ATH [Enter only one couse p ATH WAS CAUSED BY, IMMEDIATE CAUSE (c)	er ling for (o), (b), and (c)		Inser	'n			INTERVAL BETWEEN ONSET AND DEAT	H H
Conditions, if gove rise to imm (o), stoting the couse lost.	ony, which (b)	DNS CONTRIBUTING TO D	DE ATH BUT NIGHT BEL	ATED TO THE TERM	MAL DISFASS CO	ONDITION OF	Prince Barry	. January	
CATIO	The state of the s	5.40 5.47.100 1140 1140 1140 1140 1140 1140 1140	TOTAL POT MOTINE	ALD TO THE TERM	HALDISTASE C	DADITION GIV	EN IN PARI	PERFOR	MED?
PART II. O	AUSE WAS ONTRIBUTING 1	ESCRIBE HOW INJURY OF	CCURRED. (Enter no	lure of injury in Por	t I or Port II of	tem 16.)			
20c. TIME OF INJ		20d. INJURY OCCURRED While Not while of work of two the		NJURY (Home, form et, office bldg., etc.	20f. (City or	town)	(Count	(Y)	(Stote)
21. I certify	that I took charge of	the remains descri	ibed above, he	eld on Autops	y 🔀 Insp	ection .	Inquiry	, and fi	nd that
death resulte	d from: Natural cau	ses Accident	, Suicide [], Homicide	e 🔲, Unde	etermined o	ause 🔲.		
ACTUAL SIGNATURE_O	Lem/Me	My	M.D.	CHIEF MEDICAL E				DATE SK	SNED
		,		ASSISTANT MEDIC	AL EXAMINER	3	7	-18 -	1
EXAMINER'S NAME (Type)	r. Louis 3. W	el ty		DEPUTY MEDICAL	EXAMINER -			10	10
NAME (Type)	ON. 22b. DATE THEREOF	22c. NAME OF CE	METERY OR CREMA	TORY	22d. LOCATION	N (City, Iown, on Mary	or county)	(Slote)	10
NAME (Type) 1) 220. BURIAL, CREMATI BEMOVAL (Specif BUT 1.8.1 23. FUNERAL DIRECTO	ON. 225. DATE THEREOF Y) Feb. 22, 1958	22c. NAME OF CE Spring H		tory	22d. LOCATION	n, Mary	or county)	(Slote)	10
NAME (Type) 1) 220. BURIAL, CREMATI BEMOVAL (Specif BUTIAL 23. FUNERAL DIRECTO	Peb. 22,1958	22c. NAME OF CE Spring H	ill Cemet	tory ery 246. REC	22d. LOCATION	n, Mary	or county) yland STRAR'S SIGN	(Slote)	

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FO!	R STATE
HEAL	TH DEPT.

irector. Page bryour files.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is n execute the ficate, writing the word "pending" in pendi in Item 18. Give Pages 1, 2 and 3 to the functional valued to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained FUNERA RECEDE Page 3 should be used as a burial-transis permat. The pages 1 and 2 with the State Examiner its designated agent, prior to burial, cremation, or removal, and fin any expert within 72 hours after death.

VS A15ME 5M 2 57 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist.	No.	2	4	4	()	
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2. USUAL RESIDENCE (Where deceased lived. If institution Revidence before admission) o STATE MARYLAND o STATE O MARYLAND o STATE O MARYLAND o STATE MARYLAND o STATE MARYLAND o STATE MARYLAND o STATE O MARYLAND o STATE O MARYLAND o STATE O MARYLAND o STATE O M
b CITY OR TOWN If outs do corporate limits, write RURAL and give nearest town) I A TO I A TO I A
CAMBRIDGE d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give irrest address) MEMGRIAL HOSPITAL OR INSTITUTION (If not in hospital, give irrest address) J. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give irrest address) J. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give irrest address) J. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give irrest address) J. NAME OF HOSPITAL OR INSTITUTION (II not in hospital, give irrest address) J. NAME OF HOSPITAL OR INSTITUTION (II not in hospital, give irrest address) J. NAME OF HOSPITAL OR INSTITUTION (II not in hospital, give irrest address) J. NAME OF HOSPITAL OR INSTITUTION (II not in hospital, give irrest address) J. NAME OF HOSPITAL OR INSTITUTION (II not in hospital, give irrest address) J. NAME OF HOSPITAL OR INSTITUTION (II not in hospital, give irrest address) J. NAME OF HOSPITAL OR INSTITUTION (II not in hospital, give irrest address) J. NAME OF HOSPITAL OR INSTITUTION (II not in hospital, give irrest address) J. NAME OF HOSPITAL OR INSTITUTION (II not in hospital, give irrest address) J. DATE Month J. DATE Month J. DATE Month Day Month Days Mours Min. J. SATHER SNAME J. MARY JAND J. SATHER SNAME J. MOTHER'S MAIDEN NAME J. MARY JAND J. SATHER SNAME J. MOTHER'S MAIDEN NAME J. MARY JAND J. SATHER SNAME J. MOTHER'S MAIDEN NAME J. MARY JAND J. SATHER SNAME J. MOTHER'S MAIDEN NAME J. MARY JAND J. SATHER SNAME J. MOTHER'S MAIDEN NAME J. MARY JAND J. SATHER SNAME J. MOTHER'S MAIDEN NAME J. MARY JAND J. SATHER SNAME J. MOTHER'S MAIDEN NAME J. MARY JAND J. SATHER SNAME J. MOTHER'S MAIDEN NAME J. MARY JAND J. SATHER SNAME J. SATHER
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give tireet address) A STREET ADDRESS
3. NAME OF DECEASED [Type or print] 5. SEX 6. COLOR OR RACE MARRIED NEVER MARRIED 8 DATE OF BIRTH WIDOWED DIVORCED 5/19/02 19/10/2001 19/10/200
3. NAME OF DECEASED [Type or print] 5. SEX 6. COLOR DR RACE 7 MARRIED NEVER MARRIED S DATE OF BIRTH WIDOWED DIVORCED S SIGN FOR SOCIAL SECURITY NO 17 SEFERMANT 100. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUS NESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 100. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUS NESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY AND S. A. M. M. A. M. M. A. M. M. A. M. M. A. M.
DECEASED Type or print) 5. SEX 6. COLOR DR RACE MARRIED NEVER MARRIED S DATE OF BIRTH WIDOWED DIVORCED 57/9/02 100. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUS NESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) WATE MITHURS NAME 14. MOTHER'S NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INSEGRMANT 16. COLOR DR RACE MARRIED NAME 19. AGE (In year) IF UNDER 17EAR IF UNDER 24 HTS Months Days Mours Min. 19. AGE (In year) IF UNDER 17EAR IF UNDER 24 HTS Months Days Mours Min. 10 CITIZEN OF WHAT COUNTRY MARY LAND 12. CITIZEN OF WHAT COUNTRY MARRIED NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INSEGRMANT
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WIDOWED DIVORCED 5/19/02 3.5 yrs. Months Days Hours Min. 10a. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUS NESS OR INDUSTRY 11.8 IRTHP/ACE (State or foreign country) WATERMAN 12 CITIZEN OF WHAT COUNTRY WATERMAN 13. FATHER'S NAME CAPPLES PARKER AM AND ATOLLEY 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECUNTY NO 17 SUFFORMANT Addient
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WATERMAN Same MARYLAND 45.A 13. FATHER'S NAME CHARLES PARKER AMAND TOLLEY 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECUNITY NO 17 ASSEGNMENT
WATERMAN Same 13. FATHER'S NAME CHARLES PARKER HMANDA 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECUNITY NO 172 ASSEGNMENT Addust AD
CHARLES PARKER AMANDA TOLLEY 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECUNITY NO 17 AMERICANANT
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECUNTY NO 17 INSPORMANT
[No no or enhance] [11 year give wor do do to a do service]]
18. CAUSE OF DEATH [Enter only one couse/per line for (a), (b)/ond (c)]
GNISE AND DEATH
IMMEDIATE CAUSE (o) JETUCIUVED STEUCE
Conditions, it only, which) (b) Cuffelsion on glesoline burge
gave rise to immediate couse
(a), stoting the underlying DUE TO
couts lost. (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED?
TES NO NO
200. EXTERNAL CAUSE WAS PRIMARY BY OF CONTRIBUTING 200 DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part & or Part 11 of them 18) CAUSE OF DEATH.
1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f. (City or town)) (Caunty) (State) Hour Month Day, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f. (City or town)) (Caunty) While Not while forcing, street, office bldg, etc.) Treet Across Revent Treet Across Reve
12 610 pm. 2-27 128 of work of work of Tred Avon River Zeston-rund Turbet ma
21. I certify that I took charge of the remains described above, held an Autopsy . Inspection , Inquiry , and in my
op'nion death resulted fram: Natural causes . Accident . Suicide . Hamicide . Undetermined manner
. 1184
SIGNATURE JOHN DATE SIGNED
ASSISTANT MEDICAL EXAMINER [7]
PEXAMINER'S LS NELTI DEPUTY MEDICAL EXAMINER DY 2-27-58
220. BURIAL CREMATION, 226 DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, lown, or county) (Stole)
Bur of 3/30/58 Das Man Jak
23. FEBSERAL DIRECTOR'S SIGNATURE ADDRESS 240 REC'D BY REGISTRAR 265. REGISTRAR'S SIGNATURE
The Company Service 2 7 + DARIAN 5 '58 Pelleduri

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

ECHETA A' E.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 2460

CERTIFICATE OF DEATH

Reg. Dist. No. 112449

1.	PLACE OF DEAT a. COUNTY	Talbot			MAR	YLAND	2 USUAL RESI	DENCE (WH	nere deceose	d lived. If in b. COL	stitution JNTY	. Residen	ce befor	e admiss	ron)
	b. CITY OR TOW RURAL and gi	'N (If outside one nearest town	corporate limi	its, write	c. LENGTH OF STAY	- 11	c. CITY OR	_	rame	orote limits, w	rite RUI	RAL and g	give nece	rest fown	1)
	d. NAME OF HOOR INSTITUTE Green	Nursir	in hospital, g	give street	address)		d. STREET A	ADDRESS					1		IDENCE FARM?
3.	NAME OF DECEASED (Type or print)	JANES	HADD/		ROSS Middle	,	Las	it	4. DATE OF DEATH	Feb.	Month 26		Day		Year 19 58
	Male	Whi		WIDOW		ED 📋	DATE OF BIRT Sept. 2	1, 18		9. AGE (In)	rears li	F UNDER Manths	1 YEAR Days	Hours	R 24 HRS Min
10	during most of Carpent	ATION (Give I working life, e C L	tind af work ven if retired	dane 10b.	KIND OF BUSINESS	OR INDUST		yland	ar foreign c	guntry)			S.	WHAT	COUNTRY
13.	Adoni						14. MOTHER'S			Coope	er				
15. (Y	WAS DECEASED	EVER IN U. S.	ARMED FOR	ervice)	social security no		ormant s. Mart	in Pe	tite	Ea	Addres	n, M	d.		
CIRTIFICATION	PART I. Conditions, gove rise 1: cause (a), stat lying cause I.	DEATH WAS C IMMEDIA) if any, which o immediate ing the under ost.	DIE TO	DITIONS	onary thro convributing to be mellitus CRIBE HOW INJURY C	mbosi	OT RELATED TO					N IN PART	ONS6	PERFO	DEATH ted
■ Dical	20c, TIME OF IN Hour a.	JURY Month,			NJURY OCCURRED Not while	20e. PLAC facto	E OF INJURY (ry, street, office	Hame, farm, bldg., etc.	. 20f (City	or tawn)		(C	county)		(State)
	21. I certify alive on ACTUAL SIGNATURE	Lom	ended the	12	ed from, and that	death o	, 19 occurred at b	cl:45	P.M., from	n the caus treet, city or t	es an	d on th	est sav	state DA	deceased d above TE SIGNED 27-58
В	BURIAL CREMA REMOVAL (Spec	rlai	1,19		22c. NAME OF CEM Spring			у	22d. LOCA	ton, Ma	wn, oc	county)		(State	:)
23. M	funeral direct aurice E	ors signate. Newma	ure am & S	on	Easton,	Md.			BY REGIST			AR'S SIG			

S A NAME.

BUREAU Y.

BUREAU V. L.

DECENTED AND THE

2444 CERTIFICA	ATE OF DEATH	Reg. Dist. No.
1. PLACE OF DEATH O. COUNTY G D T MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If o. STATE b. Co	institution: Residence before admission) OUNTY Develus Ter
b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) d. NAME OF HOSPITAL (If not in hospital, give street address)	c. CITY OR TOWN (If outside carporote limits,	e. IS RESIDENCE
Memorial Hospital	A'7,20.	YES NO
(Type or print) Baby Bay	Sampson DEATH F	Month Day Year Ebruary 2/ 1958
Mg/e Col. WIDOWED DIVORCED	February 21, 1958 last bir	n yeors IF UNDER 1 YEAR IF UNDER 24 HRS, thdoy) yrs. Doys Hours Min.
10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDU during most of working life, even if retired)	STRY 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	a Stanleu
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. 8	NFORMANT Jank	Address
IB. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	a Tinit	INTERVAL BETWEEN ONSET AND DEATH
776 X DUE TO	7	
gave rise to immediate couse (a), stating the under-lying cause last.		
\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	NOT RELATED TO THE TERMINAL DISEASE CONDITI	ON GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? YES NO
	D. (Enter nature of injury in Port I or Port II of item	18.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED For PL While Not while for work of work 19 of work 19	ACE OF INJURY (Home, farm, 20f. (City or town) clary, street, office bldg., etc.)	(County) (State)
21. I certify that I attended the deceased from 125 and that death		19 Sthat I last saw the deceased
ACTUAL SIGNATURE SOLVE E Boy Conto,	ADDRESS (Street, city o	
PHYSICIAN'S NAME (Typo) Uphy F. Bry but		
220. BURIAL, CREMATION 226. DATE THEREOF 22c. NAME OF CEMETERY OF REMOVAL (Specify) 26 25 58 W. C.M. C.J. A.	R CREMATORY 22d-19CATION (City.	town, or county) (State)
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	TYPE CALL	11
	1. PLACE OF DEATH O. COUNTY C. D. T. D. CITY OR TOWN (If outside carporate limits, write B. CITY OR TOWN (If outside carporate limits, write C. LENGTH OF STAY IN 1b M. LOTHERS Middle B. CAUSE OF DEATH C. C. COLOR OR RACE C. C. GOLOR OR RACE C. G. GOLOR OR RAC	1. PLACE OF DEATH o. COUNTY C. LENGTH OF STAY IN 1b B. CLITY OR TOWN If doubide corporate limits, write b. CITY OR TOWN If doubide corporate limits, write c. CITY OR TOWN If doubide corporate limits, write c. CITY OR TOWN If outside, corporate limits, d. STARE OF DOSPITAL If fool in hospital, give street address) d. STARE OF DOSPITAL If fool in hospital, give street address) d. STARE OF DOSPITAL If fool in hospital, give street address) d. STARE OF DOSPITAL If fool in hospital, give street address) d. STARE OF DOSPITAL IF fool in hospital, give street address) d. STARE OF DOSPITAL IF fool in hospital, give street address) d. STARE OF DOSPITAL IF fool in hospital, give street address) d. STARE OF DOSPITAL IF fool in hospital, give street address) d. STARE OF DOSPITAL IF fool in hospital, give street address) J. SAME OF DOSPITAL IF fool in hospital, give street address) J. SAME OF DOSPITAL IF fool in hospital, give street address) J. SAME OF DOSPITAL IF fool in hospital, give street address) J. SAME OF DOSPITAL IF fool in hospital, give street address) J. SAME OF DOSPITAL IF fool in hospital, give street address) J. SAME OF DOSPITAL IN SAMED OF COUNTY IN STAN I

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

2445 CERTIFICATE OF DEATH 1. PLACE OF DEATH a. COUNTY C. CUTY OR TOWN (If autside corporate limits, write c. LENGTH OF STAY IN 1b C. CITY OR TOWN (If autside corporate limits, write RURAL and give peacest town).	ice befare admission) /ba/
1. PLACE OF DEATH a. COUNTY To bot MARYLAND 2. USUAL RESIDENCE (Where deceased lived If institution: Residence of STATE of ST	de befare admission) /bo /- give nearest town) e. IS RESIDENCE ON A FARM?
O (b) I D, CITI OK IOWIN (II QUINGE EXTROTOR HINES, WITH I C, LENGTH OF STATIN ID I) C, CITI OK IOWN OF AURUSE CARDATAIS HINES WHILE WHICH AND A	e. IS RESIDENCE ON A FARM?
b. CITY OR TOWN (If autside corporate limits, write RURAL and g RURAL and given nearest town) d. NAME OF HOSPITAL (If not in hospital, give street address) d. NAME OF HOSPITAL (If not in hospital, give street address)	ON A FARM?
or Institution foston Memorial Noontale 14Biery St	
3. NAME OF DECEASED First Middle Lost OF DECEASED OF DEATH OF DEA	Day Year 1958 TYEAR IF UNDER 24 HRS
WIDOWED DIVORCED 1/00 Ember 5 1889 68 Yrs.	Days Hours Min.
during mast af working life, even if refused) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	45/-
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address Address	m,
gen In o make the car scholls	INTERVAL BETWEEN
IMMEDIATE CAUSE (0) Con con in- or of the	ONSET AND DEATH
Canditians, if eny, which gave rise to immediate During	5
lying couse last.) (c)	T I(a) 19. WAS AUTOPSY
	PERFORMED? YES NO A
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	County) (State)
Haur e. n. p. m. While Not while at work at work	
alive on 19, and that death accurred at 1140 AM, from the causes and an the ADDRESS (Street, city ar lown, state)	last saw the deceased he date stated abave DATE SIGNED
SIGNATURE (LL ULLS 03 C) A GUY CO	2/3/5
PHYSICIAN'S NAME (Type) 220. BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county)	(State)
22. EUNITOR OF COUNTY) 2. ALL CONTROL COUNTY) 2. ALL COUNTY)	ma
VS A15 (4) Stanketon Favison, St. Michaels, DATE FER A '58 COLL CA	with .



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	MARYLAND STATE DEPARTMENT	OF HEALTH—BALTIMOR	RE, 18
	2447 CERTIFICATE	OF DEATH	Reg. Dist. No. 112448
1.	PLACE OF DEATH COUNTY MARYLAND 2. USU O. S		institution Residence before admission) OUNTY OUN
	C. C	CITY OR TOWN (If dutside corporate limits,	write RURAL and give nearest town)
	d NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION A A A A A A A A A A A A A A A A A A A	STREET ADDRESS	« IS RESIDENCE ON A FARM? YES \(\square\) NO \(\sqrt{2}\)
3.	NAME OF DECEASED (Type or print) CORA LOUISE TE	Lost 4. DATE OF DEATH	Month Day Year 3 - 16 19 5 8
5. 1	6 COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE WIDOWED DIVORCED 6	OF BIRTH, 9. AGE (In lost birt	years IF UNDER 1 YEAR 1F UNDER 24 HRS Hours Min
10c	USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11. during most of working life, even if retired)	BIRTHPLACE (State or foreign country) MARYLAN D	12. CITIZEN OF WHAT COUNTRY?
13.	FATHER'S NAME ALEC THOMPSON 14. MI	2011 1- 1-	W 15
1\$. (Ye	WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOCIAL SECURITY NO. 17. INFORMA. In the property without the property of the pro	Eleanor Jon	Address Laughtin
	18. CAUSE OF DEATH [Enter only one cause per line for (0), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c) WITH COMMENT CAUSE (c)	cy iloma	MITERVAL BETWEEN
	DUE TO	1	
	gove rise to immediate couse (a), stating the under-lying couse lost. DUE TO		
CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REL	LATED TO THE TERMINAL DISEASE CONDITION	ON GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? YES NO
L CERTIFI	20g. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	noture of injury in Port I or Port II of item	18.)
MEDICA	20c. TIME OF INJURY Month, Doy, Year Hour o. pt. 19 While of work of w	NJURY (Home, form, 20f. (City or town) set, office bldg., etc.)	(County) (State)
			958, that I last saw the deceased uses and on the date stated above.
	ACTUAL MUST BE STORIES UM M.D. M.D.	ADDRESS (Street, city of	
	PHYSICIAN'S THURSTON HARRISON		
<u> </u>	75/13X X/11.74nsv	ATORY 22d. LOCATION (City,	town, or county) (Sporte) siell Mid 'd. A. Char
172	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	24a. REC'D BY REGISTRAR 246	. REGISTRAR'S SIGNATURE
	3. 1000 13. 15. (Yes 220)	2447 CERTIFICATE 1. PLACE OF DEATH O. COUNTY BOTOM NIFOUNIST CONTINUES CONTRIBUTION DE CITY OR TOWN IF OUTSIDE CORPORATE LIMITS, write EURAL and give pascest town) A NAME OF HOSPITAL (If not in hospitol, give street address) OR INSTITUTION 3. NAME OF DECEASED (Type or prim) C. O. First WIDOWED BOTOM DIVORCED 10. USUAL OCCUPATION (Give kind of work done lob KIND OF BUSINESS OR INDUSTRY IT. OUTSIDE TO CONTRIBUTION (Give kind of work done lob KIND OF BUSINESS OR INDUSTRY IT. OUTSIDE TO CONTRIBUTION (Give kind of work done lob KIND OF BUSINESS OR INDUSTRY IT. OF A COUNTY OF CONTRIBUTION (Give kind of work done lob KIND OF BUSINESS OR INDUSTRY IT. OF A COUNTY OF CONTRIBUTION (Give kind of work done lob KIND OF BUSINESS OR INDUSTRY IT. OF A COUNTY OF CONTRIBUTION (Give kind of work done lob KIND OF BUSINESS OR INDUSTRY IT. OF A COUNTY OF COUNTY O	1. PLACE OF DEATH O. COUNTY (If uniside corporole limit, write) b CITY OR TOWN (If uniside corporole limit, write) BURAL und give paperes town. A STATE A PYLAND b. CC C. CITY OR TOWN (If uniside corporole limit, write) BURAL und give paperes town. A STATE A PYLAND b. CC C. CITY OR TOWN (If uniside corporole limit, write) BURAL und give paperes town. A STATE A PYLAND b. CC C. CITY OR TOWN (If durin during corporole limit, write) BURAL und give paperes town. A STATE A PYLAND b. CC C. CITY OR TOWN (If during during corporole limit, write) A NAME OF DESTINAL (If not in houpitol, give street oddress) OR INSTITUTION S. NAME OF DESTINAL (If not in houpitol, give street oddress) OR INSTITUTION S. SEX 6 COLOR OR RACE MIDOWED M DIVORCED 10 LOUIS DATE OF BIRTH, WIDOWED M DIVORCED 11 LOUIS DATE OF BIRTH, WIDOWED M DIVORCED 12 LOUIS DATE OF BIRTH, WIDOWED M DIVORCED 13. PATHER'S NAME A STATE ADDRESS OR INDUSTRY 14. MOTHES NADER NAME A STATE ADDRESS 15. VAS DECEASED EVER IN U. S. ARED PORCESS 16, SOCIAL SECURITY NO. 17. INFORMANT 16. CAUSE OF DEATH [Enter only one couse part line for (p), p), and (c). 18. CAUSE OF DEATH [Enter only one couse part line for (p), p), and (c). PART II. DEATH WAS CAUSED BY. PART II. DEATH WAS CAUSED BY. BOOL STATE ADMINISTRATION (C). 19 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT BELATED TO THE TERMINAL DISEASE CONDITION WAS UNDERLYING CAUSE OF DEATH HOUR OF P. 19 DATE OF HOURY Month, Doy, Year Month of work

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2448 CERTIFICATE OF DEATH Reg. Dist. No. filed with PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased Med. If institution: Residence before admission) a. COUNTY b. COUNTY MARYLAND (leemonne b. CITY OR TOWN IIf outside corporate limits, write & TENGTH OF STAY IN TH c. CITY OR TOWN (If outside corporate limits, write RURAL and give regrest town) RURAL and give nearest town) d. NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS IS RESIDENCE OR INSTITUTIO YES NO P NAME OF Middle tast DATE Day Year DECEASED OF (Type or print) DEATH 19 5 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years HE UNDER THEAR IF UNDER 24 HRS B DATE OF BIRTH lost birthday Months DIVORCED [7] WIDOWED [popers. 100 USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Stote or foreign country) carbon pope 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 16. SOCIAL SECURITY NO. 15 WAS DECEASED EVER IN U. S. ARMED FORCES? 17. INFORMANT Address 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c)] INTERVAL BETWEEN PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) 1150,0 DUE TO Conditions, if any, which gove rise to immediate DHE TO couse (a), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(p) 19, WAS AUTOPS) PERFORMED? YES NO P 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, | 20f. (City or town) Day, Year (County) (Stole) factory, street, office bldg., etc.) O. ft. While Not while p. m. of work of work 21. I certify that I attended the deceased from 19 5% that I last saw the deceased and that death occurred at Cilla A.M., from the causes and on the date stated above. ADDRESS (Street, city or town, state) **ACTUAL** SIGNATURE PHYSICIAN'S NAME (Type) moy be FUNER Page 3 220. BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME-OF CEMETERY OF CREMATOR 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) 2 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24a, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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رعد	127	CERTIFICATE OF DEATH Reg. Dist. No. (1245)
of director	3	1. PLACE OF DEATH o. COUNTY ARYLAND 2. USUAL RESIDENCE (Where deceased lived. II institution: Residence before admission) o. STATE b. COUNTY ALBOT ARYLAND
he funeral	1	b. CITY OR TOWN (If outside corporole limits, write RURA) and give nearest town) RURAL and give nearest town) A TON d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION C. LENGTH OF STAY IN 1b C CITY OR TOWN (If outside corporole limits, write RURA) and give nearest town) C. LENGTH OF STAY IN 1b C CITY OR TOWN (If outside corporole limits, write RURA) and give nearest town) C. LENGTH OF STAY IN 1b C CITY OR TOWN (If outside corporole limits, write RURA) and give nearest town) C. LENGTH OF STAY IN 1b C CITY OR TOWN (If outside corporole limits, write RURA) and give nearest town) C. LENGTH OF STAY IN 1b C CITY OR TOWN (If outside corporole limits, write RURA) and give nearest town)
filled in ges I and		3. NAME OF DECEASED (Type or print) Katie Genevieve WA-DE DEATH 2 - 10 - 195
npletely sers.		5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years lost birthday) Months Days Hours Min.
and bon er.de	1)	HOUSE WIFE 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
physici emove hours		WILLIAM E. WOOD SYLVIA RAY 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no. or unknown) (If yes, give wor or dehas of sarvice) NO My Russell Smith 2
he attending Then please rent within 72		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO INTERVAL BETWEEN ONSET AND DEATH
ian. sa signed by I nsit permit. I and in any ev		Conditions, if ony, which gove rise to immediate couse (a), storting the <u>under-lying couse lost.</u> (c)
ng physician e has been s purial-transit	2	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? YES NO DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port II or Port II of item 18.) OR CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING TO DEATH IF EITHER, NOTIFY MEDICAL EXAMINER
certificate as the bi		3 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Slote)
After this ed for use of, crema		Hour a. 11. 19 While of work
d by the heart American	ø	alive on 1 ADDRESS (Street, city or town, atote) ACTUAL SIGNATURE M.D. 2195 Was 17 170 700 5 11 126 5
ERAL 3 sha gistrar pri	, di	PHYSICIAN'S E. CH Schmidt Esyton 16, Marylandi
TO FUN Page the reg		220. BURIAL CREMATION 22b. DATE THEREOF 22c. NAME OF GENETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stole) 23. EUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR'S SIGNATURE
VS A15 (4) 15M 9/55		Hormon I Marchell - St. Michael Market 1 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18.

BUNILAU V. L.

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 a2452 2451 CERTIFICATE OF DEATH Reg. Dist. No. director PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. COUNTY b. COUNTY be filed MARYLAND b CITY OR TOWN (If autside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corparate limits, write RURAL and give nearest town) RURAL and give nearest lawn) Easton. d. NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO 🔼 Emuel a NAME OF Middle Last 4. DATE Manth Day Year DECEASED DEATH 19 5-8 (Type ar print) Wargner 5. SEX 7. MARRIED NEVER MARRIED 7. DATE OF BIRTH 9. AGE (in years last birthday) IF UNDER I YEAR IF UNDER 24 HRS 6. COLOR OR RACE Months Days DIVORCED | WIDOWED [7] 10a, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or fareign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) U.SCL. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME beiner Men. 17 INFORMAN 15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INTERVAL BETWEEN CAUSE OF DEATH [Enter only one cause per line for (a), (b) and ONSET AND DEATH PART I. DEATH WAS CAUSED BY: / ₽. DUE TO Canditians, if any, which gave rise to immediate **DUE TO** casse (a), stating the underlying cause last. PART ILPOPHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(16): 19. WAS AUTOPSY PERFORMED? YES NO 19 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b, DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month. Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (State) (County) factory, street, affice blog., etc.) Haur a. m. While Not while at work of work p. m. 19.50 that I last saw the deceased 21. I certify that A attended the deceased from 12 and that death accurred at 10140 Ap.M. from the causes and on the date stated above. alive an___ ADDRESS (Street, city or town, state) de Š 5 ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) FUNER 22b. DATE THEREOF 220 BURIAL, CREMATION, 22c. NAME OF CEMETERY OR CREMAJORY 22d. LOCATION (City, tawn, or county) (State) REMOVAL (Specify) which 0 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24b REGISTRAR'S SIGNATURE 240. REC'D BY REGISTRAR VS A15 (4) 15M 9/55

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 CERTIFICATE OF DEATH 2452 Rea. Dist. No. director, iled with 1. PLACE OF DEATH. 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY filed b. COUNTY MARYLAND death. unerol b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN/If outside corporate limits, write RURAL and give regrest town) 9 RURAL and give negrest town! D 05101 d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE OR INSTITUTION. ON A FARM? YES NO Z 3. NAME OF First Middle 4. DATE Month Day Year DECEASED OF DEATH (Type or print) ahs ol. 19 0 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years lost birthday) IF UNDER 1 YEAR IF UNDER 24 HRS B. DATE OF BIRTH Months Days Hours Min. DIVORCED | WIDOWED ? YES. 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND, OF BUSINESS OR INDUSTRY BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 16. SOCIAL SECURITY NO 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 17. INFORMANT Address Preston, Md. 18. CAUSE OF DEATH [Enter only one cause per-line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH ᇻ PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) DUE TO è Conditions, if any, which David ff51 gove rise to immediate DUE TO cause (a), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0) 19. WAS AUTOPSY PERFORMED? YES PK NO [20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Day, Year 20d. INJURY OCCURRED (County) (State) factory, street, office bldg., etc.) Q. ft. While Not while at work of work Vattended the deceased from, 19____that I last saw the deceased alive of and that death occurred A.M. from the causes and on the date stated above. OR ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL SIGNATURE 80 HOSPITAL PHYSICIAN'S NAME (Type) FUNER 220. BURIAL CREMATION, 22b. DATE THEREOF, MZC. NAME OF CEMETERY, OR CREMATORY 22d. LOCATION (City, jown, or county)-Stotel REMOVAL (Specify) 0 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24a, REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE VS A15 [4]

15M 9/55

CERTIFICATE OF DEATH.

NAME OF THE PARTY OF THE PARTY

BUREAU V. E.

8561 🕏 83,



FOR STATE HEALTH DEPT.

1. PLACE OF DEATH

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any deloy is rector. Pope execute the fifted-e, writing the word "pending" in pendil in Item 18. Give Poges 1, 2, and 3 to the four frector. Poge 4 should the worded to the Chief Medical Examiner's Office along with form PM3. Poge 5 may be retained by your files.

TO FUNERAL PRECTOR: Poge 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or remaval, and in any event within 72 hours after death.

VS. A15ME 5M 2/57

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MARYLAND STATE DEPARTMENT O MEDICAL EXAMINER'S CER 2462

2. USUA

RESIDENCE (W	here deceo	sed lived. If institu b. COUNT			fore odmis	sion)			
Rock Ha		porole limits, write		d give n		n)			
EET ADDRESS					e. IS RESIDENCE ON A FAPM? YES NO				
Lost	4. DATE OF DEATH	Feb.	27,	Doy		58			
13, 191	3	9. AGE (In years fast birthday) 44 yrs.	Months	Doys .	IF UNDE	R 24 HRS. Min.			
THPLACE (State	or foreign o	country)	12, CI1	IZEN O	F WHAT	OUNTRY			
oryland			U	U. S.					
ER'S MAIDEN N									
Colin Wi	tt								
orothy	Witt	Address	k Ha	11.1	Md.				
1 -	Dung		INTERVAL BETWEEN ONSET AND DEATH						
2_	7								
		E CONDITION GIV							

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1	ond give represt fown)	outside corporate timits, wri Easton	e RURAL	c. LENGTH OF STAY IN	V 16	Rock H		orole limits, write		nd give n		iwn)
	d. NAME OF HOSPITA	L OR INSTITUTION	(If nat in hos	pital, give street address		STREET ADDRESS			1		e. IS R	ESIDENCE A FAPM
	NAME OF DECEASED (Type or print)	MARCELLUS				Lost	4. DATE OF DEATH	Month Feb.	27,	Doy		Yeor 19 58
-	Male	White	WIDOWE		Au	g. 13, 19	13	9. AGE (In years for birthday) 44 yrs.	Months .	R TYEAR Days	IF UND Hours	Min.
G:	il barge C		done 10b. K	IND OF BUSINESS OR IP	NDUSTRY 1	Marylan		iuntry)		S.	F WHAT	COUNTR
13.	FATHER'S NAME				14. /	MOTHER'S MAIDEN						
15	William					Eolin W	itt	-				
§Yes	to no, or unknown)	(II yas, gira wos or dates of	service)	SOCIAL SECURITY NO.	17. INFORM	. Dorothy	Witt	Roc	k Ha	11,	Md.	
	PART I. DEATH	ote couse	In On	halatin	-ta fla	nker	bung) Voon	1	DNSE	AND DET	ATIS
CERTIFICATION	PART II, OTHI	ER SIGNIFICANT CON	IDITIONS CO	INTRIBUTING TO DEATH	BUT NOT RE	LATED TO THE TERA	MINAL DISEASE	CONDITION GIV	EN IN PA		PERFO	AUTOPSY PRMED?
	20a. EXTERNAL CAUSE PRIMARY OF CON CAUSE OF DEATH.	SE WAS TRIBUTING []	EAL /	HOW INJURY OCCURR	ED. (Enter no	Dury in Po	1- 100-		on be	ira a		
MEDICAL	6 P. m.	Month, Doy, Ye		NJURY OCCURRED 20e	TOETOTY	INJURY (Home, Jores), office bldg., etc.	m. 20f. (City of C.)		(Co	ac ac	<	(State)
				emoins described ouses [], Accide			sy [], In: Hamicide	spection [],		manne	-	d in my
	ACTUAL SIGNATURE	onth	rot	•	M.D.			_			DATE S	IGNED
		Dr. Louis				DEPUTY MEDICAL	EXAMINER 5	-		3-	7-1	18
	BURIAL CREMATION REMOVAL (Specify) BURIAL	Mar. 4,	1920	Wesley Cha		ATORY 1		ON (City, town, o Hall, M		and	(State	»)
	dgar Lane	P Rans	Rock	waspress Md. 1	al 1	nd DATE	'D BY REGISTR.	10	TRAR'S SI	GNATUR	E	

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